ONTENT ADDITIONATION TO THE RESIDENCE OF THE PROPERTY OF THE P										Application or Docket Number											
PATENT APPLICATION FEE DETERMINATION RECO Effective December 29, 1999										Column 2 Column 3 Column 4 Column 5 Column 5 Column 6 Column 7 Column 7 Column 8 Column 8 Column 8 Column 9 Column 9							09 643, 276				
		CLA		S FILED	PAI		0\				ENTITY										
FOR NUMBER FILED												OR T									
BASIC FEE												-	NAME OF THE OWNER, OWNE								
TOTAL CLAIMS			<i>G</i> minus 20=			•					345.00	JOR		690.00							
INDEPENDENT CLAIMS			2 minus 3 =			•			X\$ 9	=		OR	X\$18=								
MULTIPLE DEPENDENT			***************************************						X39	=		OR	X78=								
									+130	=		OR	+260=								
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTA	L		OR	TOTAL	690							
						(Column 3)		SMAI	.L E	ENTITY	OR										
AMENDMENT A		REM AF	AIMS AINING TER IDMENT		PRI	IUMBER EVIOUSLY			RATE	=	TIONAL		RATE	TIONAL							
	Total	·	18	Minus	**	20			X\$ 9:	-	-	OR	X\$18=								
AM	Independent	· NTATIC	6	Minus	***				X39=			OR	X78=	258-							
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							·	±130-	1		1	+260-	C > 0							
			•					į		_		4		255							
		(Colu	umn 1)		'(C	nlumn 2)	(Column 3)	,	ADDIT. F	EE L		J OH	ADDIT. FEE	238-							
4	ing sh	CL	AIMS AINING		HIGHEST			ſ	:		ADDI	1		ADDI-							
AMENDMENT		AF	TER IDMENT		PR	EVIOUSLY			RATE		TIONAL		RATE	TIONAL							
S	Total	•	18	Minus	**	20			X\$ 9=	.		OR	X\$18=								
¥.	Independent	NTATIO	6 N OF M	Minus	***	b ENT CLAIM	<u>=</u>		X39=	T		OR	X78=								
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												+260-								
TOTA									AL.		. 1										
		(Colu	ımn 1)	08-03-	04,00	oluma 2)	(Column 2)	A	DDIT. FE	E L		OH									
ပ		CLA	AIMS AINING	14 (14 A)	Н	IGHEST		Г		Ť	ADDI-	1		ADDI							
MEN		AF	TER DMENT		PRE		EXTRA		RATE		FEE		RATE	TIONAL FEE							
	Total	•	18	Minus	**	20	=		X\$ 9=	I		OR	X\$18=								
	Independent	· NTATIO	6	Minus	***	6		l	X39=	†		OR	X78=								
TIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM																					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADULT FEE												OR	+260≈	·							
***	the "Highest Nun the "Highest Nun	nber Prei nber Prei	viously Pa viously Pa	id For" IN THIS iid For" IN THIS	S SPAC	E is less that E is less that	n 20, enter "20." n 3. enter "3."		DDIT. FE	ΕL			TOTAL ADDIT, FEE								
'	he "Highest Num	ber Previ	lously Paid	Ter (Total or	indepe	endent) is the	highest number	r four	nd in the a	appr	opriate box	c in col	ımn 1,								